

Self-Medication Administration Consent Form

Instructions: This form must be filled out and signed annually by the student's parent or guardian before the student will be allowed to carry and administer medication.

Student's Full Name	
Student's Date of Birth	
School of Attendance;	Sacramento Adventist Academy August 16, 2023 - June 30, 2024
Grade	
Teacher	
Parents Phone	Work: Cell: Home:
Medication(s)	1. 2.
Agreement Statement	I understand and agree to the following: <ol style="list-style-type: none">1. I agree to assume responsibility for sending my child's medication in its original prescription container2. I agree to make certain that my child takes responsibility for taking the medication as prescribed.3. I also agree that the Northern California Conference, the school and/or their employees shall not be liable for loss, damage, injury, or liability of any kind to any person caused or arising from acts, omissions or negligence of the school or its employees relating to the self-administered medication by my child.

Parent/Guardian Agreement	<p>I have read and understand this form and consent to the above provisions.</p> <p>Signature _____</p> <p>Date _____</p>
Student Agreement	<p>I agree and feel competent to take my own medication as prescribed. I will not at any time share my medication with another student and I will keep it secure from other students.</p> <p>Signature _____</p> <p>Date _____</p>
Physician Agreement	<p>This student is under my care and needs to carry this medication with him/her at school. I have given the student instructions for administration of this medication and give authorization for the self-administration of this medication.</p> <p>Name of Physician _____</p> <p>Signature of Physician _____</p> <p>Date _____</p>



Adventist Education

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